



# USAID | BOLIVIA

FROM THE AMERICAN PEOPLE

Issue Date: March 11, 2009  
Closing Date: March 18, 2009  
Closing Time: 04:30 pm, La Paz time

**SUBJECT: REQUEST FOR PROPOSALS (RFP) NO. SOL-511-09-000001  
ASSESSMENTS OF USAID/BOLIVIA HEALTH PROGRAM ACTIVITIES**

Dear Sir/Madam:

The United States Government (USG), represented by the U.S. Agency for International Development's Mission in Bolivia (USAID/Bolivia), is considering awarding one or more fixed price purchase orders to obtain the results described in the attached statement of work. This form of contract requires the contractor to complete and deliver the specified end results within the final negotiated price.

The attached proposed Scope of Work basically outlines what USAID expects to be addressed in the task, however, future minor adjustments might be incorporated. Therefore, the final Scope of Work will be included in the official purchase order. It's also worth noting that you are free to suggest any changes you deem pertinent to the Statement of Work, our estimated timeline and or the team composition.

Your response should also include the earliest date you estimate you will be available to start the consultancy should you be selected.

**I would appreciate being notified immediately if you are unable and/or not interested at this time in submitting a proposal for this work.**

Please keep in mind that this RFP in no way obligates USAID to award you a contract nor does it commit the U.S. Government to pay any cost incurred in the preparation and submission of the foregoing. Do not incur any expense or begin work until notified to do so, in writing, by the Contracting Officer.

Sincerely,



Kurt Pope  
Executive Officer

Encl: RFP No. SOL-511-09-000001

<b>SOLICITATION, OFFER AND AWARD</b>			5. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING		PAGE OF PAGES 1 2	
2. CONTRACT NUMBER			3. SOLICITATION NUMBER SOL-511-09-000001		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 03/11/2009	
7. ISSUED BY USAID/Bolivia Acquisition and Assistance Office Calle 9 No. 104, Zona Obrajes La Paz, Bolivia			6. REQUISITION/PURCHASE NUMBER REQ-511-09-000016					
8. ADDRESS OFFER TO (If other than Item 7)								
NOTE: In sealed bid solicitations "offer" and "offered" mean "bid" and "bidder".								
<b>SOLICITATION</b>								
9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located at _____ until _____ 1630 LT _____ local time _____ 03/18/2009 (Date)								
CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section I, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.								
10. FOR INFORMATION CALL: <input checked="" type="checkbox"/> A. NAME Carla Jerez			B. TELEPHONE (NO COLLECT CALLS) AREA CODE NUMBER EXT.			C. E-MAIL ADDRESS cjerez@ussaid.gov		
<b>11. TABLE OF CONTENTS</b>								
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<input checked="" type="checkbox"/>	C	DESCRIPTIONS/SPECS/WORK STATEMENT	8	<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	1	
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<b>OFFER (Must be fully completed by offeror)</b>								
NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid, Acceptance Period.								
12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.								
13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.222-B)			10 CALENDAR DAYS (%)		20 CALENDAR DAYS (%)		30 CALENDAR DAYS (%)	
14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offers and related documents, numbered and dated)			AMENDMENT NO.		DATE		AMENDMENT NO.	
15A. NAME AND ADDRESS OF OFFEROR			CODE		FACILITY		16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)	
15B. TELEPHONE NUMBER AREA CODE NUMBER EXT.			15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE		17. SIGNATURE		18. OFFER DATE	
<b>AWARD (To be completed by government)</b>								
19. ACCEPTED AS TO ITEMS NUMBERED			20. AMOUNT		21. ACCOUNTING AND APPROPRIATION			
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) <input type="checkbox"/> 41 U.S.C. 253 (c)			23. SUBMIT INVOICES TO ADDRESS SHOWN IN (If copies unless otherwise specified)		ITEM			
24. ADMINISTERED BY (If other than Item 7)			CODE		25. PAYMENT WILL BE MADE BY			
26. NAME OF CONTRACTING OFFICER (Type or print) Kurt Pope			27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE			
IMPORTANT - Award will be made on this Form, or on Standard Form 25, or by other authorized official written notice. AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is unusable								
STANDARD FORM 33 (Rev. 9-97) Prescribed by GSA - FAR (48 CFR) 53.214(c)								

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED SOL-511-09-000001	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	SB Plan: NO Delivery Location Code: USAID/BOLIVIA USAID/BOLIVIA  Six technical case studies to evaluate the Health program  Technical assessments to evaluate health program performance				

NSN 7540-01-152-8067

OPTIONAL FORM 336 (4-66)  
Sponsored by GSA  
FAR (48 CFR) 53.110



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## SECTION C – DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK

### I. Background

USAID supports the Government of Bolivia's (GOB) emphasis on community health as a key element in improving the quality of life for the country's most disadvantaged populations. Accordingly, USAID collaborates with the Ministry of Health (MOH) and with local and international organizations to improve access to quality health services for Bolivia's rural and peri-urban poor. The Program directly supports the *Bolivia Digna* pillar of the GOB's National Development Plan.

#### A. Program Objective and Result Areas

USAID/Bolivia's objective in the health sector is to improve the health of Bolivians, contributing to their quality of life. The program strives to achieve three key results:

- 1) Increased ability of individuals, families and communities to take action to improve health.

Within the framework of the MOH's Policy for Family, Intercultural and Community Health, USAID's community-level interventions focus on rural and other underprivileged populations with the goal of helping individuals, families and communities recognize the value of making their own health a priority. The program promotes healthy behaviors, provides basic services through community health agents, and strengthens community capacity to identify, prioritize and develop innovative solutions to local health problems. Activities are raising immunization coverage; expanding access to maternal and child health services and reproductive health care; improving family nutrition and responsiveness to pregnancy complications; and reducing the number of new cases of Chagas, respiratory illnesses, and diarrheal disease.

- 2) Expanded Delivery of Quality, High-impact Services through Community and Private Health Networks

Activities under this result are designed to build bridges between health service providers and the communities they serve by improving the capacity of health providers to address community health needs. USAID provides training to public sector and non-government organization (NGO) health workers in maternal and child health, reproductive health, family planning, and control of infectious diseases. In addition, USAID provides technical assistance to improve supervision, clinical procedures, bio-safety, and the quality and efficiency of services. USAID's support for HIV/AIDS/STI prevention and control activities is helping to keep the national HIV prevalence rate below one percent.

- 3) Strengthened Institutional Capacity for Health Care Management and Sustainability

To achieve the fundamental long-term goal of building capacity to maintain, replicate and sustain health system improvements, USAID provides technical assistance to strengthen the managerial capacity of national, regional, and local authorities in target areas. In addition, USAID provides support for the national health information system, the pharmaceutical and commodity logistics system, the reference laboratory network, and the epidemiological surveillance system in order to improve capacity to collect and use information and to plan appropriate interventions.

The Health Program also supports a number of Bolivian NGOs in their efforts to achieve financial sustainability so that they may continue offering health services to underserved populations across the country.

## **B. Implementing Partners**

During the life of the program, key activities have been implemented by three Bolivian NGOs -- PROCOSI, CIES, and PROSALUD (which has two projects: one supporting direct service delivery in PROSALUD's clinics, and another titled *Socios Para el Desarrollo*), and international NGO partners, including John Snow Inc., the Manoff Group, Save the Children and EngenderHealth. In addition, until 2006, the project PROSIN II, implemented through the Ministry of Health, also supported program objectives.

## **C. Technical Intervention Areas**

USAID's partners are currently carrying out activities related to:

- Family planning/reproductive health
- Maternal and child health
- Tuberculosis
- HIV/AIDS
- Chagas disease

In the past, the program also supported activities in:

- Avian Influenza
- Malaria

## **D. Selected Accomplishments**

Recent accomplishments of the USAID/Bolivia health program include:

- PROSALUD and CIES, Bolivian NGOs receiving USAID support for service delivery and institutional capacity building, conduct over 930,000 health consultations per year in their 41 health centers and mobile units in eight of Bolivia's nine departments.
- PROCOSI, a network of 34 local and international NGOs, works in 40 municipalities of Bolivia, facilitating access to quality services for over 850,000 people.
- In support of the National Chagas Prevention Program, USAID has helped rebuild or refurbish over 12,000 homes in areas affected by the disease.
- Support to ten national HIV/AIDS surveillance and reference centers is improving the diagnosis and treatment of sexually transmitted infections and increasing access to voluntary HIV counseling and testing services.
- In FY 2008, nearly 35,000 children were immunized with the third dose of the Pentavalente vaccine, achieving over 90% coverage of the target population in program intervention areas.

## **II. Scope of Work**

### **A. Objective and purpose of activity**

USAID requires the assistance of consultants for the development of six (6) assessments for specific technical activities currently being implemented by the USAID/Bolivia Health Program in the following areas:

- Strengthening of the “*Desnutrición Cero*”/AIEPI-nut Program
- Progress towards achieving functioning Obstetric and Neonatal Networks
- Empowerment and Community Mobilization of Women and Adolescents
- Implementation of Institutional Municipal Pharmacies and Logistics System Support
- Implementation of Health Prevention and Promotion Activities at the Community Level
- Tuberculosis/DOTS Interventions in Health Facilities and Communities

See Annex A – “Supplementary Information” for additional details on each proposed assessment.

The purpose of assessing these activities is to:

- analyze whether USAID interventions are supporting and contributing to the objectives of Bolivia’s health sector policy;
- determine the extent to which specific interventions have achieved their expected results; and
- identify ways in which to improve technical approaches/interventions in the future as part of a new USAID health sector strategy.

Due to time constraints, each specific technical area will be studied by one “consultant team” which may consist of up to three people, including one person for secretarial/administrative support. Therefore, a team may include either: (a) one person (one technical expert); (b) two people (one technical expert + one support staff); or (c) three people (two technical experts + one support staff). A consulting firm may propose more than one “consultant team”.

Generally, consultant teams that include two technical experts are expected to require less time to complete the work. Consultant teams that have expertise in more than one technical area may apply for more than one assessment. However, due to time limitations, a consultant team may only be awarded one contract to conduct one assessment for one technical area.

## **B. Methodology**

The methodology will include document review, data analysis, field visits, interviews with key informants and the preparation of draft and final reports. The consultants will:

- Review documentation on national policies relevant to the technical areas being studied.
- Review project documentation related to USAID activities in the specific technical area.
- Analyze data available in USAID project reports.
- Collect and analyze data from the MOH and SEDES related to the chosen areas.
- To the extent it would be useful for comparison purposes, collect and analyze data from other donors related to the chosen areas.
- Conduct site visits.
- Interview key informants to collect information, impressions and opinions regarding USAID’s activities. Informants may include, but are not limited to:
  - the USAID/Bolivia Health Office Director and members of the Health Team;

- representatives from the GOB and the MOH;
  - regional and municipal health authorities;
  - Project Chiefs and La Paz-based employees of USAID/Bolivia's implementing partners;
  - field-based personnel of implementing partners working on the chosen interventions;
  - representatives of other donor organizations;
  - public/private service provision personnel and representatives from community organizations in the areas in which programs are implemented; and
  - program beneficiaries and community members.
- Develop individual draft and final reports.

### **C. Duration of Award**

Consultant team contracts are expected to begin by April 1, 2009 and will to be completed by no later than June 15, 2009.

### **D. Qualifications and Period of Performance**

#### Qualifications:

Technical experts must have an advanced degree (Masters or above) in public health or an applicable field, a strong technical background the specific area of the assessment they will be undertaking, experience conducting technical assessments/evaluations in the health field, and an understanding of the Bolivian political context and structure of the Bolivian health system. Technical experts must be Bolivian or residents of Bolivia, fluent in Spanish and must be able to read English well enough to understand technical reports and other documents that are written in English; spoken English is not a requirement.

#### Period of Performance:

The estimated period of performance is approximately fifty (50) working days between April 1, 2009 and June 15, 2009. An approximate work schedule follows, but may be modified substantially depending on the complexity of the specific technical area being studied; less complex topics are expected to take less time, and therefore will have a lower contract amount.

The example work schedule below is reasonable for the more complex topics to be studied:

- |           |  |
|-----------|--|
| Day 1:    | Meet with USAID/Bolivia Health Office to discuss and clarify objectives and review existing documentation.   |
| Days 2-6: | 1) Review documentation on national policies relevant to the activities being studied and project documentation relating to the chosen activities;<br><br>2) Review and analyze project reports;<br><br>3) Collect and analyze data from the MOH (and SEDES, to the extent possible) relating to the chosen areas; and |
| Days 7-8: | Prepare interview protocol and draft workplan (including site visit schedule)  |



Day 9:	Submit draft workplan and interview protocols to USAID for review.
Days 10-12:	Continue reviewing documentation in preparation for site visits.
Day 13:	Meet with USAID to finalize workplan and interview protocols.
Days 14-28:	Perform site visits and conduct interviews with key informants.
Days 29-35:	Analyze data obtained from site visits and prepare for mid-term debriefing meeting with USAID/Bolivia.
Day 36:	Mid-term debriefing with USAID/Bolivia.
Days 37-40:	Prepare draft report (submitted to USAID/Bolivia on Day 40).
xxx	USAID/Bolivia review of draft report and comments sent to consultant.
Days 41-45:	Finalize report, prepare for final debriefing presentations.
Days 46-50:	Review final report with USAID/Bolivia, conduct final debriefing meetings with USAID/Bolivia and USAID/Bolivia Health Office implementing partners, as well as MOH officials (if appropriate).

#### **E. Payment Schedule**

The consultant team will receive 20% of the total contract amount upon approval of the work plan; 40% of the total contract amount upon approval of the draft assessment document (including annexes) and the remaining 40% of the total contract amount upon approval of the final assessment document (including annexes).

#### **F. Logistics**

Each consultant team will be responsible for organizing their own transportation, logistical and administrative/secretarial support, photocopies, supplies, work space, meeting space, etc.

USAID and/or its' implementing partners will be responsible for organizing room and equipment rental and refreshments for the final debriefing meetings.

## Annex A – Supplementary Information

Subject of Assessment		Summary Description of Objective of Assessment	Relevant USAID Implementing Partners	Potential Municipalities for Site Visits
1	Strengthening of the “Desnutrición Cero”/AIEPI-nut Program	<p>To critically analyze USAID’s contribution to the implementation of the MoH’s “Desnutrición Cero “ Program, including:</p> <ul style="list-style-type: none"> <li>the effectiveness and impact of support provided for the revision, printing and dissemination of guidelines, training materials and protocols;</li> <li>the effectiveness and impact of training of public health workers in “AIEPI Nut” and “AIEPI Neonatal” in selected health networks; and</li> <li>the implementation of integrated nutrition units (called “UNI”s) to monitor the status of malnourished children.</li> </ul>	<ul style="list-style-type: none"> <li>JSI</li> <li>Save the Children (<i>Mejorando Nuestras Vidas</i>)</li> <li>PROCOSI</li> </ul>	<ul style="list-style-type: none"> <li>Tarija: Bermejo, Padcaya, Carapari</li> <li>Chuquisaca: Villa Serrano, Tomina</li> <li>Santa Cruz: Montero, Mineros. Gral Saavedra.</li> </ul>
2	Progress towards achieving functioning Obstetric and Neonatal Networks	<p>To critically analyze the implementation of obstetric and neonatal networks based on Peru’s FEMME model, including:</p> <ul style="list-style-type: none"> <li>the effectiveness and appropriateness of efforts to adapt the FEMME model to Bolivia’s context, including policies and the links established between health authorities at different levels; and</li> <li>opportunities to eventually translate the model into public policy.</li> </ul>	<ul style="list-style-type: none"> <li>EngenderHealth (SEDES/REDES)</li> </ul>	<ul style="list-style-type: none"> <li>Santa Cruz: Santa Cruz, San Ignacio</li> <li>Tarija: Tarija, Entre Rios</li> <li>Chuquisaca: Sucre</li> </ul>
3	Empowerment and Community Mobilization of Women and Adolescents	<p>To critically analyze four different empowerment/community mobilization methodologies -- three of which are implemented by CIES and one by Save the Children. Two of the methodologies target adolescents (in urban and peri-urban areas) and the other two target women or communities in general (one in rural areas and one in peri-urban areas).</p>	<ul style="list-style-type: none"> <li>Save the Children (<i>Tomando Decisiones</i>)</li> <li>CIES</li> </ul>	<ul style="list-style-type: none"> <li>Santa Cruz: Santa Cruz</li> <li>La Paz: El Alto</li> <li>Oruro: Oruro</li> <li>Chuquisaca: Sucre, Monteagudo, Villa Vaca Guzman</li> </ul>

		<p>The analysis shall include:</p> <ul style="list-style-type: none"> <li>• the effectiveness of each of the methodologies in facilitating community mobilization;</li> <li>• the effectiveness of community mobilization efforts in leading to improved local health services; and</li> <li>• identification of best practices and/or recommendations for steps to be taken to increase the likelihood that community mobilization processes are sustainable after projects close.</li> </ul>		
4	Implementation of Institutional Municipal Pharmacies and Logistics System Support	<p>To critically analyze USAID's support for the implementation of Municipal Pharmacies (FIMs), including:</p> <ul style="list-style-type: none"> <li>• collaboration with DINAMED to develop protocols and reglamentos for logistics;</li> <li>• the effectiveness of training of pharmacists in the use and storage of medicines; and</li> <li>• the effectiveness of processes undertaken to implement FIMs.</li> </ul>	<ul style="list-style-type: none"> <li>• JSI</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Cruz: Montero, Mineros. Gral Saavedra.</li> <li>• Tarija: Bermejo, Padcaya</li> <li>• Chuquisaca: El Villar, Alcala, Padilla.</li> </ul>
5	Implementation of Health Prevention and Promotion Activities at the Community Level	<p>To critically analyze the USAID-supported Community Health Project, implemented by the PROCOSI NGO network. Project objectives include preventing illnesses, promoting better health practices and identifying risks at the community level. This analysis shall include an assessment of:</p> <ul style="list-style-type: none"> <li>• the effectiveness of the process of developing specific training modules/materials</li> <li>• effectiveness of training activities for community health workers in the implementation of a basic package of health promotion interventions; and</li> </ul>	<ul style="list-style-type: none"> <li>• PROCOSI</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Cruz: Robore, Pailon</li> <li>• Tarija: San Lorenzo, Padcaya</li> <li>• Chuquisaca: Muyupampa, Huacaya</li> </ul>

		<ul style="list-style-type: none"> <li>the project's management and implementation structures.</li> </ul>		
6	Tuberculosis/DOTS Interventions in Health Facilities and Communities	<p>Analyze USAID interventions in TB/DOTS to determine the:</p> <ul style="list-style-type: none"> <li>effectiveness of USAID support for strengthening the training of health workers, including: (1) the development and implementation of a CD ROM training tool and (2) the design and implementation of the TB training modules for the Community Health Project, implemented by PROCOSI.</li> </ul>	<ul style="list-style-type: none"> <li>JSI</li> <li>PROCOSI</li> </ul>	<ul style="list-style-type: none"> <li>La Paz: El Alto, Chulumani, Coroico, Caranavi</li> <li>Chuquisaca: Muyupampa, Huacaya</li> <li>Santa Cruz: Robore, Pailon</li> </ul>

[END OF SECTION C]

## **SECTION F – DELIVERIES OR PERFORMANCE**

### **F.1 REPORTS AND DELIVERABLES OR OUTPUTS**

Each consultant team will provide the following deliverables to USAID/Bolivia:

I. A Work Plan, including:

- A timetable showing proposed dates/time frames for document review, data collection, site visits, interviews and preparation of draft and final written reports;
- A proposed list of communities to be visited as part of each assessment; and
- A proposed list of key informants to be interviewed for each assessment.

II. Mid-Term & Final Debriefing Meetings

Each consultant team will conduct one (1) mid-term and three (3) final debriefing meetings. The mid-term debriefing will take place after field visits are conducted to discuss preliminary findings with USAID/Bolivia. The three final debriefing meetings, the purpose of which will be to present final results, key findings and recommendations, will be conducted as follows:

- one (1) debriefing with USAID/Bolivia;
- one (1) debriefing with USAID/Bolivia's Health Program implementing partners;
- one (1) debriefing with relevant government counterparts (as appropriate).

For each of the three debriefing meetings, the consultant team will present key findings and recommendations. The timing, format and venue for the meetings will be negotiated with USAID and will part of the contract.

III. Draft Assessment Report

Each consultant team will provide USAID/Bolivia with a draft assessment report for the specific technical area studied. Reports will not exceed ten (10) pages (not including Annexes), and will include the following information:

- A summary and analysis of national policies related to the specific technical area being studied;
- A description of the USAID/Bolivia activity/activities being studied, including how and where activities are implemented and the results achieved to date;
- An analysis of how activities contribute to national objectives, both in terms of their technical value and in terms of fitting within broader health policies;
- Recommendations on how activities could be more effectively implemented;
- A brief summary of beneficiary opinions on USAID interventions;
- Drafts of 1-2 possible "success stories" about the subject area, if appropriate and agreed upon with USAID (as an Annex);
- Interview protocol for key informant interviews (as an Annex);
- A list of individuals interviewed as part of the assessment, including their contact information (as an Annex);
- A list of documentation reviewed for the assessment (as an Annex).

Each consultant team will provide USAID/Bolivia with one (1) electronic copy (on CD in Microsoft Word format) and two (2) hard copies of their draft assessment report.

#### IV. Final Assessment Report

Within five (5) business days of receiving the draft assessment report as detailed above, USAID/Bolivia will provide comments to the consultant team. The consultant team will then have five (5) business days to finalize the report, including all Annexes, incorporating USAID/Bolivia's comments and responding to any questions.

The consultant team will provide USAID/Bolivia with one (1) electronic copy (on CD in Microsoft Word format) and four (4) hard copies of their final assessment report.

[END OF SECTION F]

## **PART II - CONTRACT CLAUSES**

### **SECTION I – CONTRACT CLAUSES**

#### **I.1 752.211-70 LANGUAGE AND MEASUREMENT (JUN 1992)**

(a) The English language shall be used in all written communications between the parties under this contract with respect to services to be rendered and with respect to all documents prepared by the contractor except as otherwise provided in the contract or as authorized by the contracting officer.

(b) Wherever measurements are required or authorized, they shall be made, computed, and recorded in metric system units of measurement, unless otherwise authorized by USAID in writing when it has found that such usage is impractical or is likely to cause U.S. firms to experience significant inefficiencies or the loss of markets. Where the metric system is not the predominant standard for a particular application, measurements may be expressed in both the metric and the traditional equivalent units, provided the metric units are listed first.

#### **I.2 - PUBLICATIONS, VIDEOS, OR OTHER INFORMATION MEDIA PRODUCTS**

##### **752.7034 ACKNOWLEDGMENT AND DISCLAIMER (DEC 1991)**

(a) USAID shall be prominently acknowledged in all publications, videos or other information/media products funded or partially funded through this contract, and the product shall state that the views expressed by the author(s) do not necessarily reflect those of USAID. Acknowledgments should identify the sponsoring USAID Office and Bureau or Mission as well as the U.S. Agency for International Development substantially as follows: "This [*publication, video or other information/media product (specify)*] was made possible through support provided by the Office of [ ], Bureau for [ ], U.S. Agency for International Development, under the terms of Contract No. [ ]. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development."

(b) Unless the contractor is instructed otherwise by the cognizant technical office publications, videos or other information/media products funded under this contract and intended for general readership or other general use will be marked with the USAID logo and/or U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT appearing either at the top or at the bottom of the front cover or, if more suitable, on the first inside title page for printed products, and in equivalent/appropriate location in videos or other information/media products. Logos and markings of co-sponsors or authorizing institutions should be similarly located and of similar size and appearance.

[END OF SECTION I]

**SECTION J – LIST OF ATTACHMENTS**

ATTACHMENT 1 – USAID FORM 1420-17 CONTRACTOR BIOGRAPHICAL DATA SHEET

[END OF SECTION J]



## SECTION L – INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

### L.1 INSTRUCTIONS TO OFFERORS – COMPETITIVE ACQUISITION

Interested offerors shall submit the following to USAID:

**A technical proposal** consisting of:

1. CVs for each consultant team member, including proposed secretarial/administrative support staff.

Each CV should highlight information that will allow USAID to evaluate candidates against the specific selection criteria listed in Section M, including:

- Work experience, technical expertise and skills:
  - experience evaluating donor-funded health interventions in Bolivia
  - experience working/studying the specific technical area of the particular assessment to be undertaken
  - knowledge of the Bolivian health system and Ministry of Health policies
  - experience in conducting oral presentations

CVs are not to exceed 2 pages and must include a summary of educational background and details of relevant work experience.

2. Hard copies of 1-2 similar studies completed by each Technical Expert to help USAID evaluate writing and analytical skills.
3. A two-page proposal describing how the consultant team will carry-out the Scope of Work, not including annexes.
4. Annexes for:
  - names and current contact information for 3-4 references for each technical expert (preferably related to work performed in the last five years).
  - a sample time schedule for accomplishing the Scope of Work, including proposed site visits
  - a list of proposed background material to be used for the assessment
  - a list of potential interviewees
  - Any additional information and/or references, which will assist us in determining that you or your organization has the capability to perform the proposed assignment.

**A cost proposal** consisting of:

1. A detailed cost proposal divided, as appropriate, into the following or similar elements: personnel compensation, indirect costs, travel and per diem costs, other direct costs, etc. Please ensure that you include a fully detailed explanation of the basis for each line item category that you propose.
2. Biographical Data Sheets (Form AID 1420-17 - attached) must be submitted for all proposed personnel and contain verified salary history for the previous three years. Both the individual proposed and the employer must sign bio-data forms.
3. An organizational Conflicts of Interest Representation.

4. A certification that no USAID employee has recommended the use of an individual for use under the proposed contract whom was not initially located and identified by your organization.
5. Key Individual Certification - Narcotics Offenses and Drug Trafficking.

Interested offerors should submit the proposals either:

(i) electronically - internet email with attachments (2MB limit) compatible with MS WORD, MSEXcel, in a MS Windows environment. Please refer your proposals via e-mail at [aaoproposals@usaid.gov](mailto:aaoproposals@usaid.gov). Only those pages requiring original manual signatures should be sent via facsimile or e-mail. (Facsimile of the entire proposal is **not** authorized); or

(ii) hand delivery (including commercial courier) to the following address:

Kurt Pope  
USAID/Bolivia  
Calle 9, No. 104, Obrajes  
La Paz, Bolivia

[END OF SECTION L]

## **SECTION M – EVALUATION FACTOR FOR AWARD**

Minimum requirements for Technical Experts include a Masters degree in a relevant field and ability to read technical documents in English. In addition:

1. Work experience, technical expertise and skills of Technical Expert(s) (50 points)
  - experience evaluating donor-funded health interventions in Bolivia
  - experience working/studying the specific technical area of the particular assessment to be undertaken (bonus if work was done in Bolivia)
  - demonstrated knowledge of the Bolivian health system and Ministry of Health policies
  - analytical and writing skills as demonstrated through work samples
2. Technical approach (30 points)
  - viability of proposed plan and time schedule for carrying out the Scope of Work
  - appropriateness of proposed background information to be consulted, list of people to be interviewed and list of interview questions
3. Education (10 points)
  - relevance of degree(s) of Technical Expert(s)
4. Past performance recommendations (10 points)

[END OF SECTION M]

**ATTACHMENT 1 - USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA  
SHEET**

## CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)				2. Contractor's Name		
3. Employee's Address (include ZIP code)		4. Contract Number		5. Position Under Contract		
		6. Proposed Salary		7. Duration of Assignment		
8. Telephone Number (include area code)		9. Place of Birth		10. Citizenship (if non-U.S. citizen, give visa status)		
11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment						
12. EDUCATION (include all college or university degrees)				13. LANGUAGE PROFICIENCY (See Instructions on Reverse)		
NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading
14. EMPLOYMENT HISTORY 1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment. 2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.						
POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #		Dates of Employment (M/D/Y)		Annual Salary	
			From	To	Dollars	
15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)						
SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #		Dates of Employment (M/D/Y)		Days at Rate	Daily Rate in Dollars
			From	To		
16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.						
Signature of Employee					Date	
17. CONTRACTOR'S CERTIFICATION (To be signed by responsible representative of Contractor)						
Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.						
Signature of Contractor's Representative					Date	

## INSTRUCTION

Indicate your language proficiency in block 13 using the following numeric Interagency Language Roundtable levels (Foreign Service Institute Levels). Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5. 'S' indicates speaking ability and 'R' indicates reading ability. For more indepth description of the levels refer to USAID Handbook 28.

2. Limited working proficiency

S Able to satisfy routine special demands and limited work requirements

R Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects.

3. General professional proficiency

S Able to speak the Language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations.

R Able to read within a normal range of speed and with almost complete comprehension.

4. Advanced professional proficiency

S Able to use the language fluently and accurately on all levels.

R Nearly native ability to read and understand extremely difficult or abstract prose, colloquialisms and slang.

5. Functional native proficiency

S Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker.

R Reading proficiency is functionally equivalent to that of the well-educated native reader.

## PAPERWORK REDUCTION ACT INFORMATION

The information requested by this form is necessary for prudent management and administration of public funds under USAID contracts. The information helps USAID estimate overseas logistic support and allowances, the educational information provides an indication of qualifications, the salary information is used as a means of cost monitoring and to help determine reasonableness of proposed salary.

## PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of informatoin. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

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